Into the Future

Report on Community Mental Health Services for Adults

10 October 2012

Isle of Wight

L I N k

Your voice on local health and social care

Contents

Acknowledgements

The Isle of Wight LINk Stewardship Group would like to express it thanks to those who contributed to the activity reflected in this report.

In particular, the 126 people who took the time to respond to the survey are thanked.

The LINk wishes to maintain contact with mental health service users on the matters covered in this report, and to acknowledge progress which occurs.

Thanks are also extended to all the volunteers who undertook interviews using the LINk's questionnaire. The use of the face-to-face approach was important in achieving a good level of response, so this help is much appreciated.

The help of managers and staff from a range of local provider organisations is also acknowledged, especially in providing background information. This assisted in giving an informed background to this piece of work.

1 Context

A message from the Isle of Wight LINk's Stewardship Group chair

This report has been written against a background of rapid service change for the Island's mental health services; a process that is continuing to date. This process is accelerating and will continue into 2013 and beyond.

In some respects our findings in this report are not unexpected, as change engenders feelings of uncertainty for all concerned, including those who deliver the services. The views of service receivers tend to reflect this uncertainty.

What is emerging, not directly related to uncertainty, is the capacity of the NHS mental health services to cope with the demands that are being placed upon it. Workload figures produced for us by the IW NHS Trust reveal a service silting up with patients.

Analysing these figures reveals an inability to move individuals through the system to an effective discharge from the service. The lack of on-going support mechanisms within the community is creating blockages (500+ currently in the rehabilitation system and 200+ in the acute and recovery phase after one year).

There is a need to reduce the pressure on the service which has a current caseload of nearly 1,800 individuals (August 2012). Comments made by individual service users tend to reflect this need.

Our findings relating to service user networks appear ambiguous, in that there appears to be considerable confusion amongst users about what a SU network is. It is clear that not only does the concept need to be more clearly defined, but expanded in ways that actually meets individual needs. Uncertainty over the future of Local Authority provision only adds to the problems of addressing the issue of silting within the service.

The third sector has an important role to play in the process. What is lacking, however, is a clear view emanating from the statutory sector about its role. Without this, the sector can only guess at the actual need and will find it difficult to develop or maintain its services.

A message that emerges from the voices of individual and discussions with professionals involved in the service is the need to formulate a strategic partnership between the third sector and statutory services, within which the roles and expectations can be defined and resourced. The partnership, once agreed, will need to be endorsed by the I.W. Health and Well-Being Board, and integrated within the policies and procedures of its constituent organisations

Chris Orchin

Chair, Isle of Wight LINk Stewardship Group

The Isle of Wight Local Involvement Network (LINk)

LINks were established in 2008 to provide the consumer voice for health and social care. LINks are networks of local organisations and interested individuals and are independent of Local Authorities and the NHS. The Isle of Wight Council receives funding from central Government to support the LINk, and commissions a host organisation (Help and Care) to provide it with professional support.

NOTE: A list of Terms and Abbreviations used in this report is given in Appendix 1 on page 24.

2 Summary

This section gives a shortened version of the whole report

2.1   The Isle of Wight Local Involvement Network (LINk) set up a Workplan Group in February 2012 to look at Adult Mental Health Services, following feedback from the public.

2.2   The Workplan Group decided to concentrate on Community Services, as changes were being planned there.

2.3   The Workplan Group carried out a survey, asking people who used community mental health services about their experiences. 126 people took part.

2.4   The results of the survey are presented in this Report to help service managers and planners understand in what ways the service needs to change.

2.5   Survey responses gave a picture of widely varying experience, depending on the quality of care provided by the individual professional concerned.

2.6   Survey responses indicated a need for improvement around the processes of care planning. They need to be clearer to service users. In particular, crisis planning appears to be in urgent need of attention.

2.7   Housing issues were indicated as having a major impact on the mental health of a number of individuals

2.8   Involvement of people in their own care stood out as needing improvement. Service user involvement needs to be given more value across all parts of the service.

2.9   The recommendations in this report address the above topics amongst others. The LINk recommends that its successor body, HealthWatch Isle of Wight, look again at these topics in 2013 to check how much services have changed for the better.

3   Introduction

This section explains who the Isle of Wight LINk are, and why they did this piece of work on Mental Health services

3.1   Isle of Wight LINk is an independent local "watchdog" made up of community members, who work with service providers to help improve health and social care services on the Island.

3.2   The I.W. LINk keeps track of feedback from members of the public about all kinds of local health services, and social care services for adults. It speaks and listens to a wide range of people to get a broad picture of local experiences.

3.3   During autumn 2011 several pieces of feedback were received by I.W. Link on mental health services for adults. A Workplan Group was set up by the LINk to look at these services in more detail. The Workplan group was made up of people from different local mental health interest groups.

3.4   The Workplan Group started meeting in February 2012 aiming to complete its work within six to eight months. The group chose to concentrate on community-based services, as changes were already being planned.

3.5   The Workplan Group decided to do a survey of people who had used mental health services in the previous twelve months. This was to find out about experiences from a wider range of people to understand more about what has gone well and what needs improving.

"mental health services need to be improved dramatically….. I know there are limits, but no staff have ever fully listened to the traumas I have experienced"

**One piece of public feedback to I.W. LINk in December, 2011**

4 Background

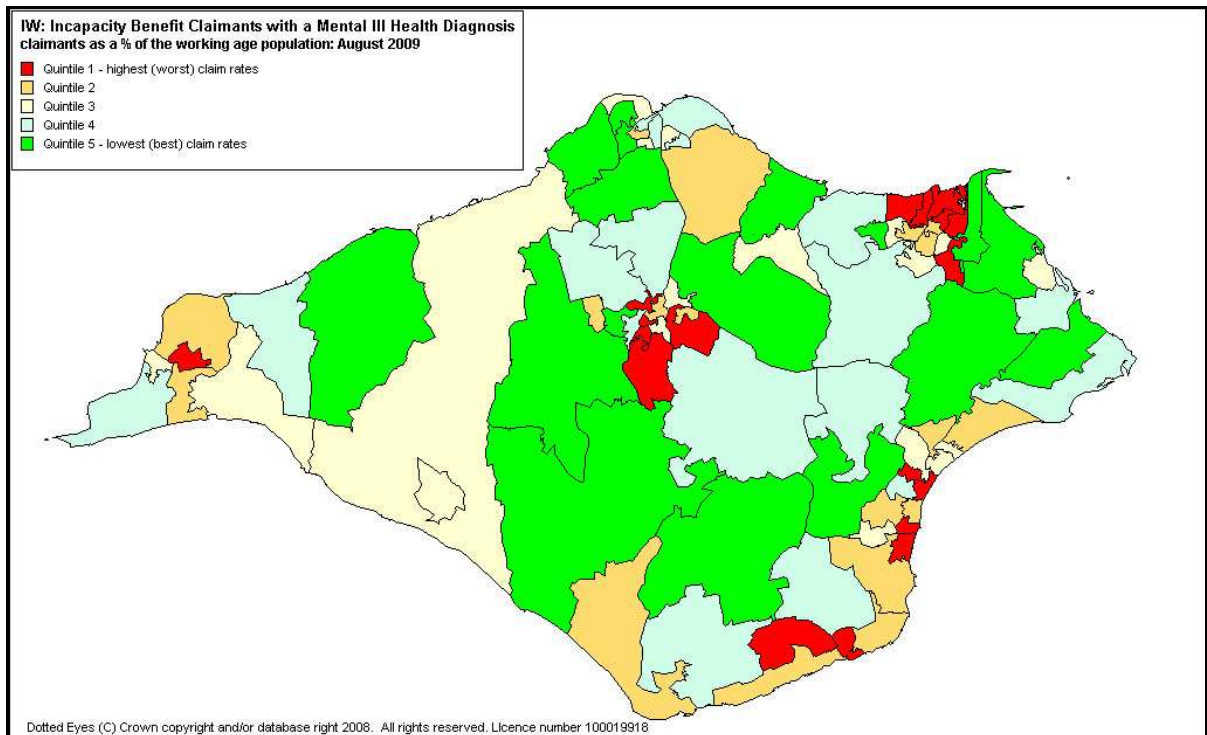**This section looks at some local background, and circumstances of local people across the Island**

4.1   Key documents show that the Isle of Wight has greater level of mental health need than the national average. Both the Index of Multiple Deprivation Mental Health Indicator[1] and claim rates for Employment Support Allowance (with mental health diagnosis) show this[2].

4.2   Figures 1 and 2 illustrate how these two ways of showing mental health need give a pattern of need across different parts of the Island.

Fig 1 – Mental Health Deprivation in 2007
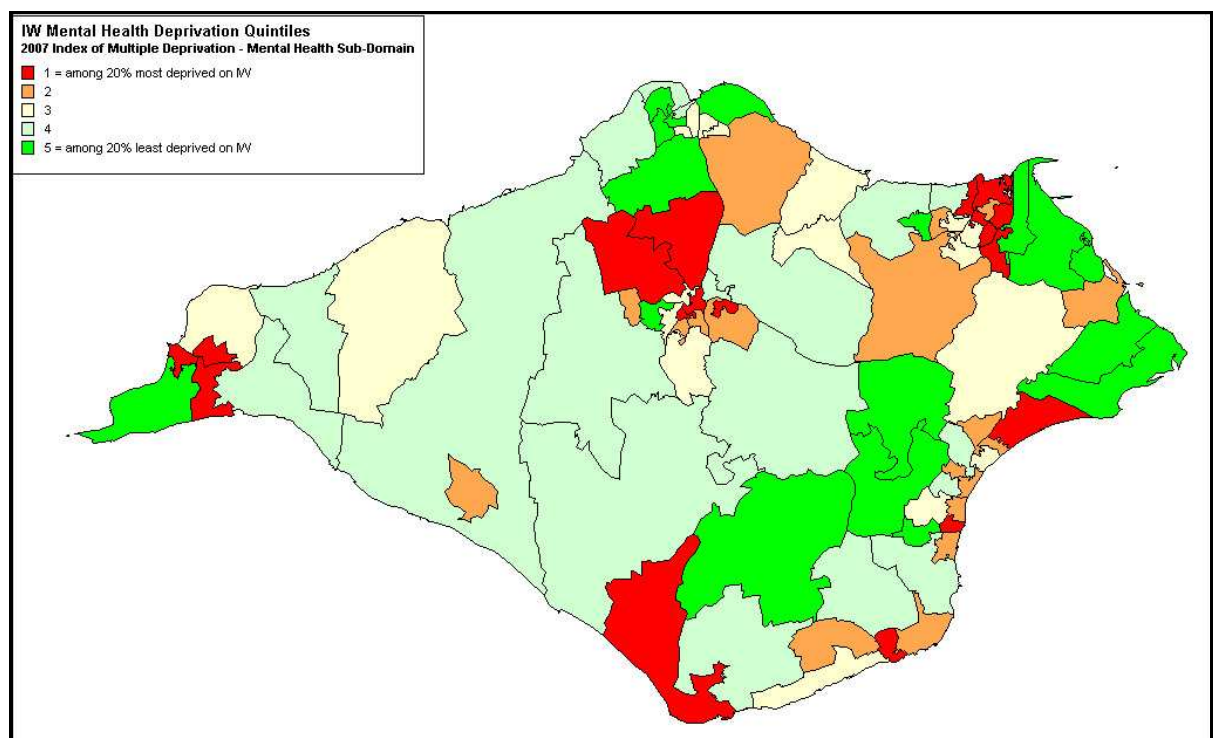
NOTE: The information was based on numbers of people under 60 suffering from mood or anxiety disorders, using figures on prescribing, suicides, and health benefits.

Fig 2 – Claim Rates of Incapacity Benefit with Mental Health Diagnosis 2009

IW: Incapacity Benefit Claimants with a Mental Ill Health Diagnosis
claimants as a % of the working age population: August 2009
- Quintile 1 - highest (worst) claim rates
- Quintile 2
- Quintile 3
- Quintile 4
- Quintile 5 - lowest (best) claim rates

Dotted Eyes (C) Crown copyright and/or database right 2008. All rights reserved. Licence number 100019918

NOTE: The information was based on figures from the Department for Work and Pensions

4.3   Higher levels of mental health need are seen in Newport, Ryde and Freshwater to the north, and Sandown, Shanklin and Ventnor in the south of the Island. The maps also show areas of particular need around East Cowes and the Niton-Chale area. [3]

4.4   Figures show that levels of mental health deprivation on the Island are significantly higher than for overall levels of deprivation. Suicide rates have tended to be higher than the national average, and were especially high in 2007-9. [4]

4.5   It is known that Isle of Wight has a higher rate of hospital admissions for mental health reasons, with a longer stay on average than comparable areas. There is also a lower number of community mental health staff [4].

"my life would have been better if………. I'd never moved over here"

Response to I.W. LINk Survey, July 2012

4.6 The Isle of Wight's NHS has acknowledged the need for change in mental health services, and with this in mind launched a "Have your Say" process in August 2010 on re-shaping community services. This was run alongside a similar exercise looking at local authority day services.

4.7 In "Have your Say" the local NHS presented ideas about changes to community teams to promote more continuity of support and to provide clearer connections to GP practices[5].

4.8 In early 2012 the Isle of Wight NHS Trust stated it would bring in the changes to community mental health services by April 2013. It said these changes would reflect the Government's approach of giving clearer structures to support people to recovery and greater independence[6].

5 Survey

> *This section explains how the LINK's Service User Survey was put together and how it was carried out*

5.1 The LINk Workplan Group based its survey questions on the Quality Standard for Service User Experience, published by NICE (National Institute for Health & Clinical Excellence)[7].

5.2 People were invited to take part who had used community mental health services on the Isle of Wight in the previous twelve months. An information sheet was given to everyone who took part, to explain why the survey was being done.

5.3 The survey was done through one-to-one interviews, using a form with fifteen questions. There was additional space for people to give extra comments if they chose. Each interview took roughly 30 minutes.

5.4 The interviewers were either members of the Workplan Group, other volunteers with the I.W. LINk, or trusted people already known to the person being interviewed.

6   Responses

This section gives the numbers of people who took part in the survey, and which areas they lived in

6.1   No names were recorded of people taking part, but basic information was asked for, to see how well the survey was doing in including a wide range of people.

6.2   126 people took part in the survey; with almost equal numbers of women and men. The highest levels of response were from people in the 40 – 60 age-group. Responses from people between 20 and 40 and from 60 to 70 were about half that rate. Five of those who replied were between 70 and 90.

6.3   Replies were received from people in each of the twelve Isle of Wight postcode areas. The highest response rates came from Newport, Ryde, Freshwater, Sandown and Ventnor, broadly reflecting the patterns noted in Section 3.

6.4   26 of those who replied said they had a learning disability as well as a mental health need. 16 people said they had an alcohol or drug diagnosis as well as a mental health problem.

7 Involvement

This section outlines how the Isle of Wight LINk is involving service users in its work on Mental Health

7.1 A contact form was distributed to people who use mental health services whilst the survey was being done. This gave an opportunity for anyone who wished to, to keep in touch and hear about the results.

7.2 An update session was arranged in September 2012 for service users to hear about themes that came up in the survey, and about how the results will be used.

7.3 People using mental health services are warmly invited to the launch event for this report, to be held on World Mental Health Day 2012.

7.4 Further feedback on service user experience is always welcomed by the Isle of Wight LINk, including access to general health and social care services by people with a mental health diagnosis.

8   Findings

This section gives an outline of the results of the survey, and the themes that came up

Access, Empathy and Consistency

8.1   Two survey questions dealt with levels of access to services and levels of empathy and respect from staff.

8.2   It was clear that most people, nearly 8 out of 10, felt they had access to services when needed, and had received a good or very good level of empathy and respect.

8.3   1 in 10 people said they had not received help when needed, with the same number saying they had received it sometimes.

8.4   1 in 10 people felt they had received very little empathy and respect.

8.5   Four comments highlighted the length of waiting time for a response following referral.

8.6   Ten of the comments mentioned a variable service from within the mental health service. This referred to workers from various disciplines including consultant psychiatrists.

8.7   One survey question asked about how many changes people had experienced of the staff member supporting them.

8.8   Nearly 2 out of 3 said they had received support from the same staff member over the past 12 months. However almost 3 out of 10 said they had experienced more than one change in that period.

"every time I've needed someone they have been very responsive....."

Response to I.W. LINk Survey, July 2012

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8.9 Levels of change of staff member were lower for those supported by smaller, more specialist teams. 7 out of 10 from the Assertive Outreach team reported no change and 8 out of 10 from AESOP.

8.10 By contrast 4 out of 10 of those supported by a CMHT reported one or more changes, and nearly a half of those receiving a service from Crisis Reduction Home Treatment.

8.11 In answer to a question about effectiveness of care more than 7 out of 10 felt confident this was very or quite effective.

Care Co-ordination & Crisis Planning

8.12 The LINK Questionnaire Survey asked questions about understanding of assessment and treatment, and involvement in care planning. This is an essential element of a person's ability to gain more control of their own recovery.

8.13 A majority of those replying said they understood these processes well or very well, with 3 out of 10 saying they did not.

8.14 Levels of understanding were reported as higher for those supported by Assertive Outreach and AESOP (8 out of 10 and 10 out of 10 respectively).

8.15   In response to a question about involvement in care planning, 3 out of 4 people who replied felt they had been involved very much or a little. Nearly 1 in 5 felt they had not been involved at all, however.

8.16   Again, the highest levels of involvement were reported from those supported by Assertive Outreach (9 out of 10) and AESOP (10 out of 10).

8.17   The responses to the LINk Questionnaire Survey gave the impression that care planning was less consistent in the community setting than in hospital, with a query over how connected the two processes might be.

8.18   The survey asked a specific question about whether the person had a Crisis Plan at present. Fewer than 3 in10 people could say definitely that they had such a plan. 4 in 10 said they did not have one, and the remainder were not sure.

Figure 3 – NICE recommendations on Crisis Plan content

- How to manage your symptoms, such as recognising warning signs that might suggest a setback or a crisis

- Details of any advance statements and advance decisions

- The support available to enable you to carry on your treatment in the community rather than in hospital

- Whether your family or carer is involved in your care

- The names of professionals involved in your care

- Where you would prefer to go if you need to stay in hospital for treatment and care

- Details of any practical needs you have, such as care of children and other relatives or pets.

8.19 Comments made by those answering questions indicated a low level of understanding of what a Crisis Plan should include. NICE Guidelines on this are quoted in Figure 3.

8.20 Responses from those supported by different community teams again showed a varied picture. For Assertive Outreach and AESOP levels ran at 7 out of 10 and 10 out of 10 respectively.

8.21 Most strikingly, of those supported by Crisis Reduction Home Treatment, less than half were sure they had a crisis plan. 3 in 10 said they did not have one, with the remainder unsure.

8.22 From those who said they had a crisis plan, most of the comments related to phone numbers of family or staff members who could be contacted. There was a strong flavour of reliance on others, including one comment that "staff will sort it out".

Service User Involvement

8.23 A key part of the Recovery Model (see Appendix 1) is to make sure that people with mental health needs have maximum control in their own life. This means in each part of the treatment process, as well as to what happens in day-to-day life.

8.24 It is said that proposed changes to local NHS services will look to service users having responsibility for more of their own recovery.

8.25 Service user involvement is therefore a vital component, both in developing the person's own care pathway, and in understanding how services should be provided.

8.26 In a survey question on support with self-management, 8 out of 10 people felt they had been supported very or quite well.

8.27 In a question about involvement in a Service User Network, 6 out of 10 people replied that they were not involved in such a network at present. Of those who were not, almost half were unsure whether they would like to be.

8.28 In responses about Service User Networks, the level of understanding was unclear. Some answers named a specific service, as if it were a user network, though these may have been referring to a user group attached to that service.

8.29 What was clear, however, is that all existing user involvement activity is based around input from specific service providers (e.g. NHS, local authority day services) rather than from an independent source.

8.30 Responses made clear that service users saw the term "Community Mental Health Services" as relating to support across providers, whether NHS, local authority or Third Sector.

8.31 Some responses referred to a long delay in feedback after consultations on service change. It was not clear from this survey how much impact this may have had on the level of confidence in Service User Involvement.

Accommodation Matters

8.32 People taking part in the survey were asked what sort of accommodation they lived in and what how well it suited their mental health needs.

8.33 The small numbers of people in an NHS unit or residential home all felt their current setting suited their needs quite well or vey well.

8.34 More than 2 out of 3 people in supported housing said their needs were met quite well or very well. Most of the comments of those less satisfied related to living alongside people with needs that differed from their own.

8.35 For those in their own home nearly 1 in 2 said this met their needs very well, and 1 in 4 saying quite well.

8.36 However, more than 1 in 10 people in their own home felt their needs were not at all well met, and for these people the concerns were especially intense. Comments centred largely on relationships with people in the neighbourhood that were felt to have an adverse effect on the individual's mental health.

8.37 A small number of people expressed regret at having moved away from their home area to the Isle of Wight.

> *" I get very depressed where I live because I hate it, but cannot afford/cope with moving – and don't know how to"*
>
> **Response to I.W. LINk Survey, July 2012**

9   Conclusions

This section gives an overall picture from the survey findings

9.1   Whilst a majority of those replying rated their service highly, the survey suggests a big variation of quality depending on the individual worker concerned.

9.2   The intensity of the comments from the minority who had experienced poor service quality is a cause for concern, not least on levels of empathy and respect.

9.3   The number of changes of staff member need attention, especially the figures for those experiencing more than one change in the last year.

9.4   Levels of understanding the process of assessment and treatment were rather low, as were the levels of involvement in care planning and crisis planning.

9.5   The low number of people who could say with confidence that they had a Crisis Plan was striking. The content of what people understood as a Crisis Plan was also a concern.

9.6   There needs to be a far greater sense of involvement in treatment, and of progression through care than exists now. This will help to support greater individual responsibility in recovery.

9.7   There is little understanding of what a strong and confident Service User Network can provide, in assisting individual recovery and empowerment.

9.8   Accommodation emerged as a key issue in contributing to positive mental health. The variety of experience was very noticeable for people living in their own home.

10 Recommendations

> *This section specifies what the Isle of Wight LINk says should be in place in the re-designed Mental Health Service*

10.1 The Isle of Wight LINk recommends that processes are put in place to **ensure a more consistent service user experience** across all services. Each area covered by these recommendations should be clearly monitored so that any issues can be addressed and consistency maintained.

10.2 **A clearer pathway is required through treatment and towards recovery**. Clear information is required for individuals on how they can be involved at different stages of the process.

10.3 **A more consistent approach to Care Planning needs to be adopted.** This should include moves between hospital and community care. Service users need support in becoming more aware of the process, and being more involved in it.

10.4 An energetic approach is needed for an **immediate overhaul of Crisis Planning**. This should include definite timetables to improve consistency, and clear definitions of what constitutes a Crisis Plan, available to and understood by service users.

10.5 If community teams are re-organised, the **higher quality demonstrated by the smaller teams should not be diluted**. Good practice should be kept and adopted by larger teams. There needs to be clear plan of action for achieving this.

10.6 **A fresh approach is needed to service user involvement**. It should be co-ordinated independently from current service providers. Activity should include training for individuals and support for small groups of service users. The voice of service users needs to be heard across agency boundaries.

10.7 **Inter-agency work** should be pursued with renewed vigour, to support the progression of service users towards recovery. All agencies, including the Third Sector should be enabled to play a full part.

10.8 Ways should be found urgently to **make connections between mental health services and housing**. Joint work should be done to identify which settings are conducive to recovery. Clear communication routes should be in place with the I.W. Health & Well-Being Board.

10.9 It is recommended that changes to Community Mental Health services are formulated **swiftly and with a clear timetable**, to end the climate of uncertainly that has existed for service users over the last two years.

10.10 The LINk recommends that its successor body, HealthWatch Isle of Wight, **assess progress on the above recommendations** no later than October 2013.

References

1   Index of Multiple Deprivation: Department for
     Communities and Local Government, 2007

2   GP Practice Population Data: Department for Work and
     Pensions, August 2009

3   Mental Health Briefing Sheet: Isle of Wight Public Health
     Service, July 2010

4   Isle of Wight Joint Strategic Needs Assessment 2011-12

5   Have your Say – Modernising Mental Health Community
     Services: NHS Isle of Wight, August 2010

6   No Health without Mental Health – An Outcomes
     Strategy: H.M. Government, February 2011

7   Service-User Experience in Adult Mental Health – Quality
     Standard 136: National Centre for Health & Clinical
     Excellence (NICE), December 2012

Appendices

Appendix 1 – Glossary

| Initials	Name	Explanation
AESOP	Acknowledging Early Signs of Psychosis	Service for younger adults who are starting to experience a severe mental health problem
AOT	Assertive Outreach	Team working with people who find it harder to engage with mental health services
CMHT	Community Mental Health Team	Larger team supporting people with a range of different mental health conditions
CPA	Care Programme Approach	A format for assessing need and planning care in both hospital and community settings
CRHT	Crisis Reduction Home Treatment	Service geared to people in crisis; has a role in identifying people who would benefit from a hospital admission
IAPT	Improving Access to Psychological Therapies	Therapy service for people referred by their family doctor. Each person's therapy lasts for a set time.
JSNA	Joint Strategic Needs Assessment	Document with facts and figures showing the health and social needs of people in a local area
MATS	Mental Health Access & Treatment Team	Name given locally to the IW Crisis Reduction and Home Treatment service
NICE	National Institute for Health & Clinical Excellence	Body that recommends on best practice, and which treatments can be paid for by the NHS
	Recovery	Staying in control of life and maintaining a meaningful life, despite a mental health problem
WRAP	Wellness Recovery Action Planning	A self-management tool to help individuals take more control over their own wellbeing and recovery.

Appendix 2 - Survey Responses in Detail

NOTE – all questions related to experience over the previous 12 months

Question 1

Have you had access to community Mental Health Services when you needed them?

- Yes 98 (78%)
- Sometimes 15 (12%)
- No 12 (10%)
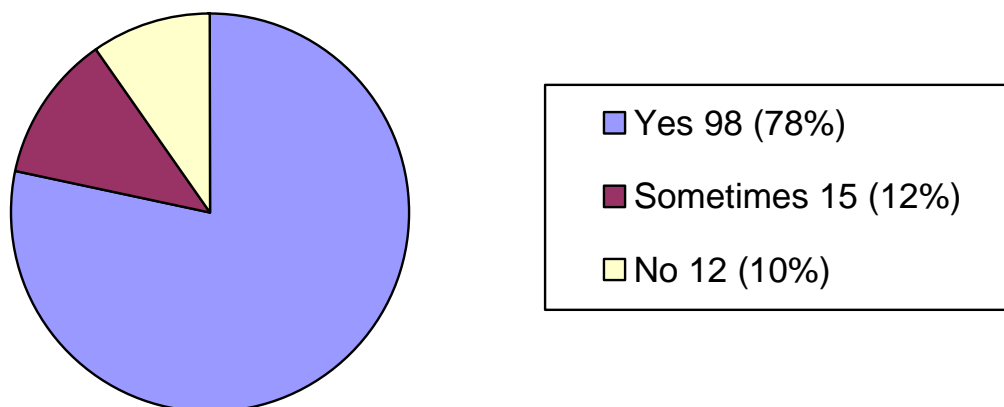
Summary of Additional Comments, question 1

Accessibility of service	positive	4
	neutral	1
	negative	2
Quality of service	positive	2
Length of waiting list	positive	1
	negative	4
Continuity of service	negative	3
Out of hours service	neutral	1
	negative	1
Crisis support	negative	2
Talking therapies	neutral	1
GP services	negative	1
Community teams	neutral	5
In-patient services	positive	1
Consultant support	neutral	2
Mental Health Act admission	neutral	3
Physical health issues	neutral	1
Day service provision	positive	3
	neutral	1
	negative	2
Housing support provision	neutral	1
Informal community care	neutral	1
Prison service	neutral	1

Question 2

How much empathy and respect do you feel you received from those working in community mental health services?


Legend:
- A great deal 47 (38%)
- Quite a bit 51 (41%)
- Not much 14 (11%)
- Very little 12 (10%)
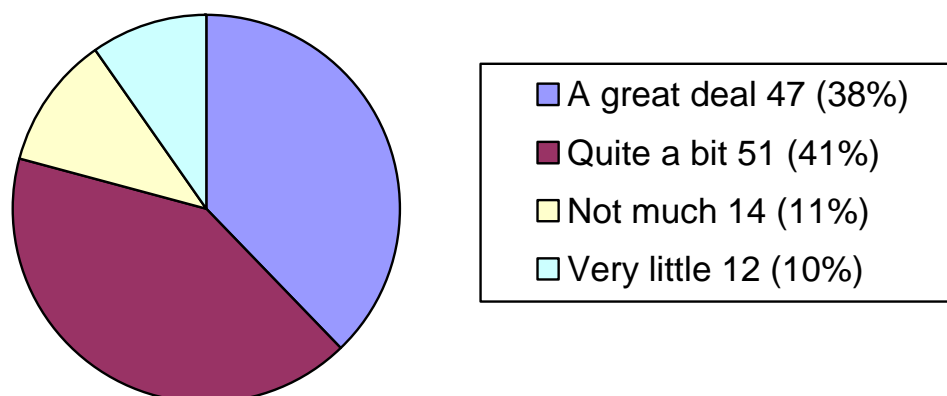
Summary of Additional Comments, question 2

Overall experience	positive	14
	negative	4
Consistency across staff	positive	1
	negative	6
Admin e.g. appointments	negative	3
Staff looking at watch	negative	1
Contact by telephone	negative	2
Accuracy of diagnosis	negative	1
Medication	negative	2
In-patient services	negative	3
Community nurses	positive	1
	negative	3
Consultant support	negative	1
MATS team	positive	1
Managers and planners	negative	1
Day service provision	positive	1
Informal community care	neutral	1
Housing support providers	positive	2
Prison service provision	neutral	1

Question 3

How involved have you been in making decisions on your care?

A great deal 31 (26.5%)
Quite a bit 57 (49%)
Not much 18 (15%)
Very little 11 (9.5%)
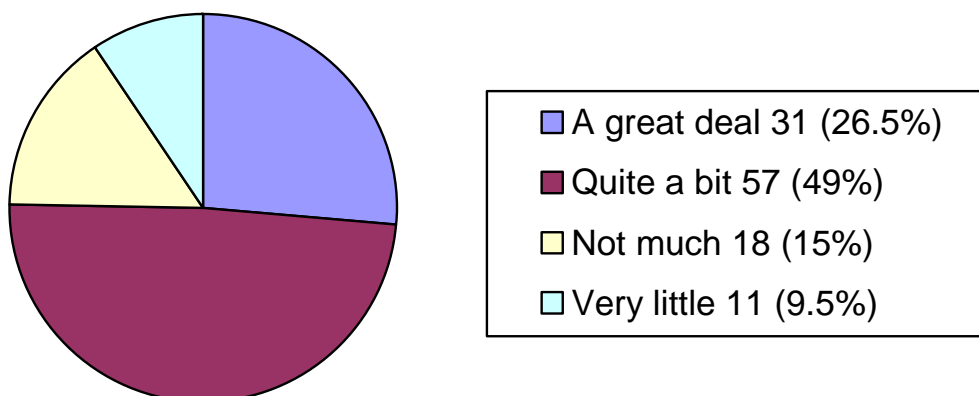
Summary of Additional Comments, question 3

Overall experience	positive	1
	neutral	9
	negative	3
WRAP	positive	1
Referral between services	negative	1
Community services	positive	1
CPN appointments & visits	negative	1
In-patient services	positive	1
Family support	neutral	3
Medication	positive	1
	negative	3
Housing decisions	positive	1
Handling or respite care	negative	1
Day service provision	positive	1
Prison service	neutral	1

Question 4

How well have you been supported in your own self-management of a mental health condition?

Legend:
- ■ Very well 32 (26.5%)
- ■ Quite well 63 (53%)
- □ Not very well 16 (13%)
- □ Not at all well 9 (7.5%)
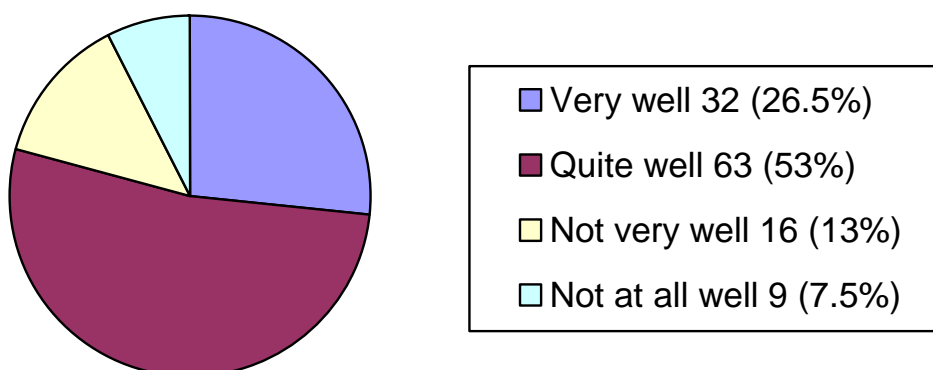
Summary of Additional Comments, question 4

Overall experience	positive	1
	neutral	5
	negative	1
Continuity of support	negative	1
Medication	positive	1
	negative	2
GP services	positive	1
Primary care mental health team	positive	1
Community team	positive	1
MATS team	negative	1
In-patient services	positive	1
Continuity after discharge	negative	1
Home visits	negative	1
Nursing services	negative	1
Third sector groups	positive	2
Housing support providers	positive	2
Day service provision	positive	1
Informal community care	neutral	1
Prison service	negative	1

Question 5

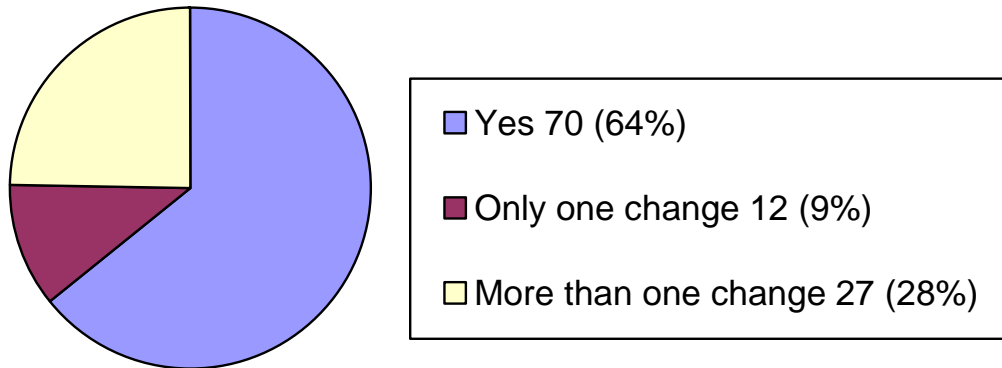How confident have you felt that care you received has been effective?

Legend:
- Very 27 (23%)
- Quite 61 (51%)
- Not very 22 (18%)
- Not at all 9 (8%)
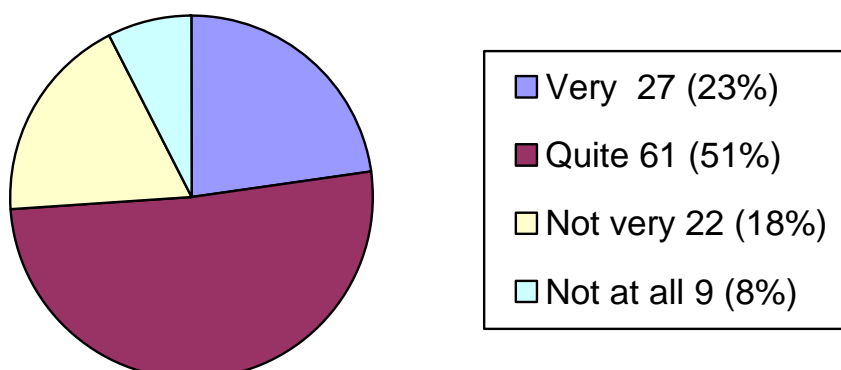
Summary of Additional Comments, question 5

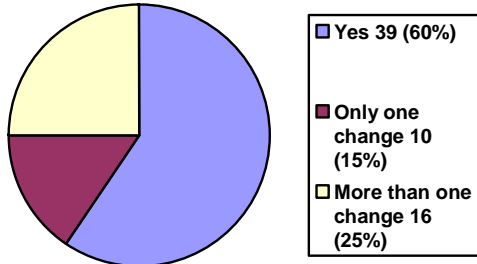|		
Overall experience	positive	3
	neutral	1
Access to early intervention	negative	1
Quality of communication	negative	1
Level of support	negative	1
Improvement in own mental health	negative	1
Use of medication	positive	2
	neutral	1
	negative	1
Accuracy of diagnosis	negative	1
In-patient services	positive	1
	neutral	1
	negative	1
Day service provision	positive	1
	neutral	1
	negative	2
Care co-ordinators	positive	1
Nursing services	neutral	1
	negative	1
Home treatment team	positive	1
Housing support providers	positive	1
	neutral	2
Prison services	negative	1
Informal community care	positive	1
Meditation	positive	1
General comments	neutral	4

Question 6

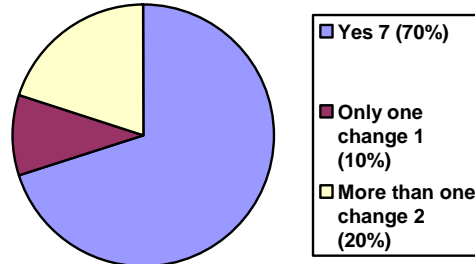Have you generally had support from the same staff member from a mental health team?
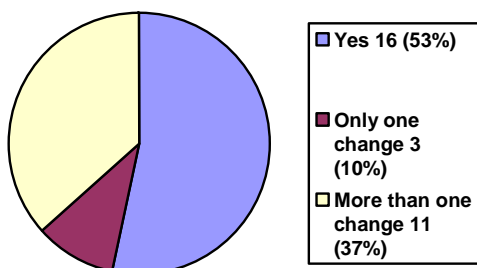
ALL RESPONSES:

- Yes 70 (64%)
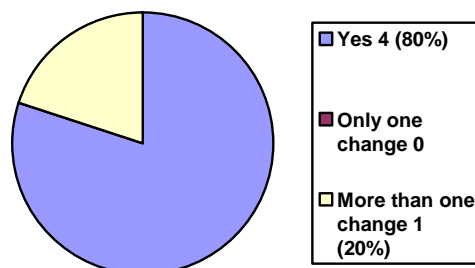- Only one change 12 (9%)
- More than one change 27 (28%)

COMMUNITY MENTAL HEALTH TEAM:

- Yes 39 (60%)
- Only one change 10 (15%)
- More than one change 16 (25%)

ASSERTIVE OUTREACH:

- Yes 7 (70%)
- Only one change 1 (10%)
- More than one change 2 (20%)

CRISIS REDUCTION, HOME TREATMENT:

- Yes 16 (53%)
- Only one change 3 (10%)
- More than one change 11 (37%)

AESOP:

- Yes 4 (80%)
- Only one change 0
- More than one change 1 (20%)

Summary of Additional Comments, question 6

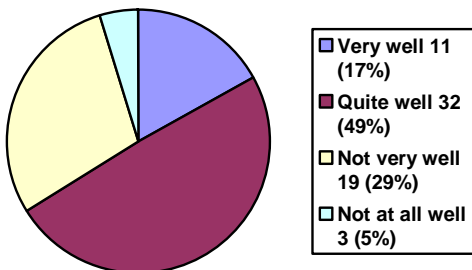|		
Consistency of support	positive	6
	negative	7
Rehab & recovery	negative	1
Changes of service received	neutral	1
	negative	1
Would like to change but unable	negative	1
No named worker	negative	5
Specific staff members	negative	1
Physical health issues	neutral	1
Home treatment service	neutral	1
Medical staff	neutral	1
	negative	1
Nursing services	neutral	1
Primary care services	neutral	1
Day services	positive	1
	neutral	1
Housing support services	neutral	2
Informal community care	neutral	1
General comments	neutral	2

Question 7

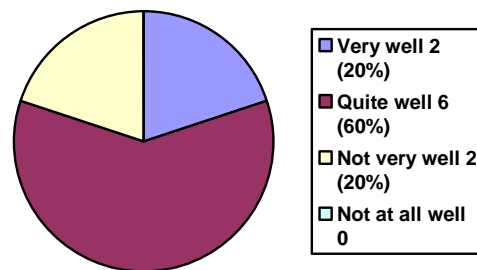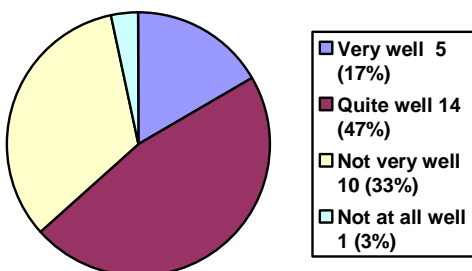How well have you been able to understand the process of assessment and treatment?
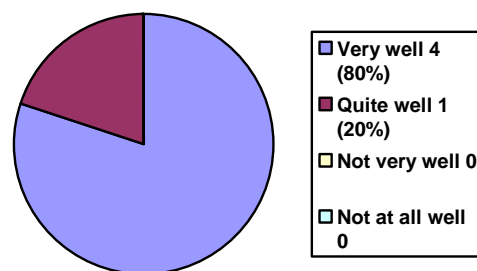
ALL RESPONSES:
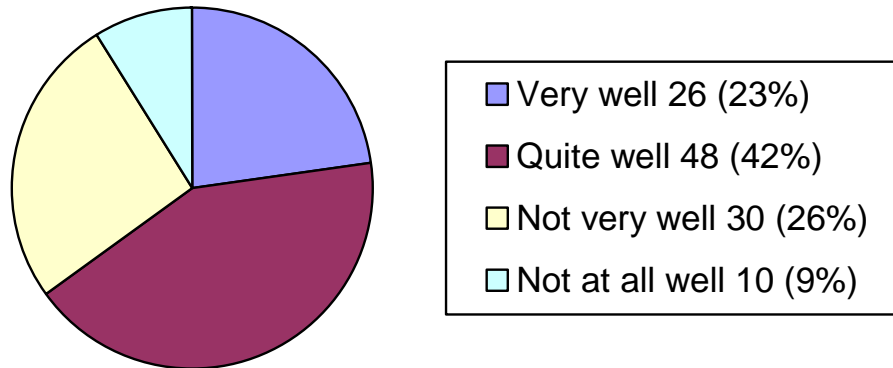
- Very well 26 (23%)
- Quite well 48 (42%)
- Not very well 30 (26%)
- Not at all well 10 (9%)

COMMUNITY MENTAL HEALTH TEAM:

- Very well 11 (17%)
- Quite well 32 (49%)
- Not very well 19 (29%)
- Not at all well 3 (5%)

ASSERTIVE OUTREACH:

- Very well 2 (20%)
- Quite well 6 (60%)
- Not very well 2 (20%)
- Not at all well 0

CRISIS REDUCTION, HOME TREATMENT:

- Very well 5 (17%)
- Quite well 14 (47%)
- Not very well 10 (33%)
- Not at all well 1 (3%)

AESOP:

- Very well 4 (80%)
- Quite well 1 (20%)
- Not very well 0
- Not at all well 0

Summary of Additional Comments, question 7

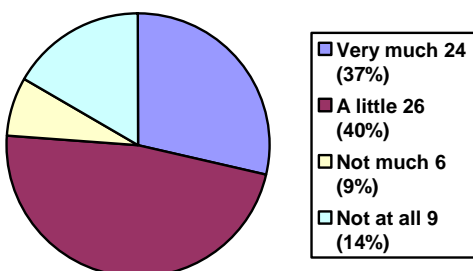|		
Level of information given	positive	4
	neutral	1
	negative	9
Provision of written feedback	negative	1
Level of assessment and treatment	negative	6
Medical staff	negative	2
Independent help and support	negative	1
Home treatment team	positive	1
Third sector support	positive	1
Informal community care	positive	1
General comments	neutral	2
	negative	1

Question 8

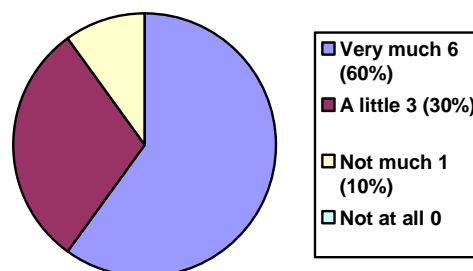How much have you been involved in developing your own care plan?
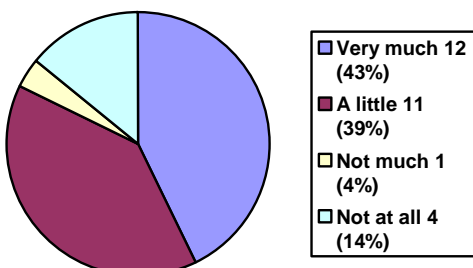
ALL RESPONSES:
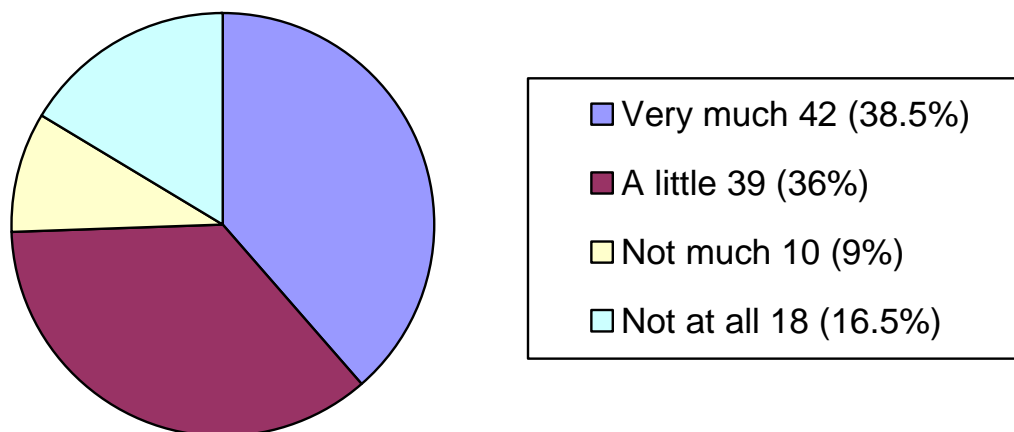
- ■ Very much 42 (38.5%)
- ■ A little 39 (36%)
- □ Not much 10 (9%)
- □ Not at all 18 (16.5%)

COMMUNITY MENTAL HEALTH TEAM:

- □ Very much 24 (37%)
- ■ A little 26 (40%)
- □ Not much 6 (9%)
- □ Not at all 9 (14%)

ASSERTIVE OUTREACH:

- □ Very much 6 (60%)
- ■ A little 3 (30%)
- □ Not much 1 (10%)
- □ Not at all 0

CRISIS REDUCTION, HOME TREATMENT:

- □ Very much 12 (43%)
- ■ A little 11 (39%)
- □ Not much 1 (4%)
- □ Not at all 4 (14%)

AESOP:

- □ Very much 4 (80%)
- ■ A little 1 (20%)
- □ Not much 0
- □ Not at all 0
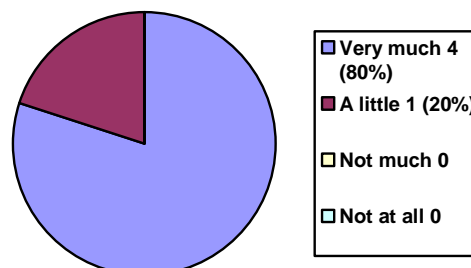
Summary of Additional Comments, question 8

Involved in planning	positive	4
	neutral	1
	negative	2
WRAP planning	positive	3
Lack of care plan	negative	8
Lack of information	negative	1
Referral issues	neutral	1
	negative	1
Family support with involvement	positive	1
Involvement not needed	neutral	1
General comments	neutral	7

Question 9

Do you have a Crisis Plan at present?

ALL RESPONSES:
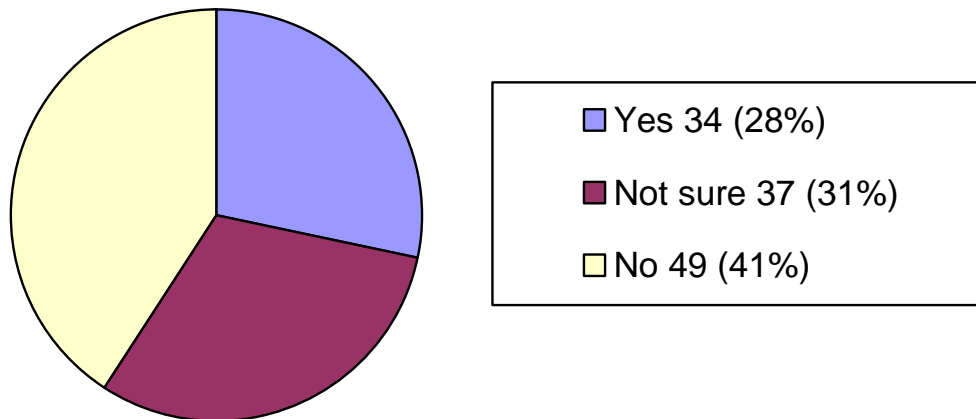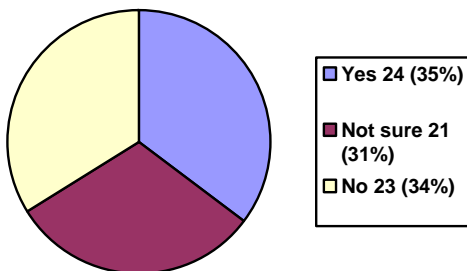
- Yes 34 (28%)
- Not sure 37 (31%)
- No 49 (41%)

COMMUNITY MENTAL HEALTH TEAM:

- Yes 24 (35%)
- Not sure 21 (31%)
- No 23 (34%)

ASSERTIVE OUTREACH:

- Yes 6 (60%)
- Not sure 3 (30%)
- No 1 (10%)

CRISIS REDUCTION, HOME TREATMENT:

- Yes 15 (45%)
- Not sure 8 (24%)
- No 10 (30%)

AESOP:

- Yes 4 (45%)
- Not sure 0
- No 1 (20%)
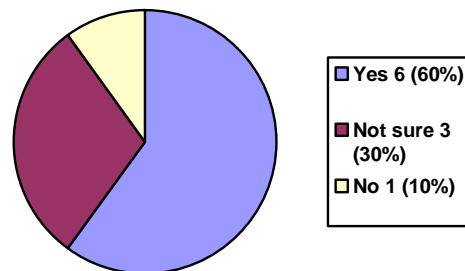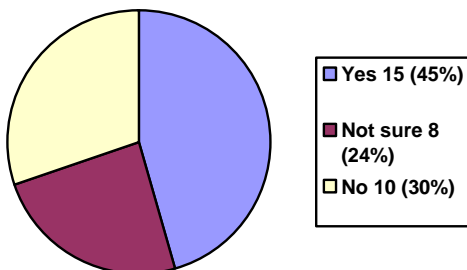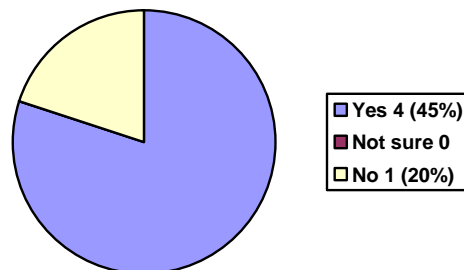
Summary of Additional Comments, question 9

Updated recently	1
Have one	1
Have one, but not relevant at present	1
Do not have one	6
Do not have, would like	1
Have phone numbers to use	12
Family support	2
Services too busy to help	1
Let staff know	4
Self-help techniques	1
Other contacts	1
Risk Assessment	1

Question 10

Are you involved in a mental health service-user network at present?

- ☐ Yes 46 (39%)
- ☐ No 73 (61%)
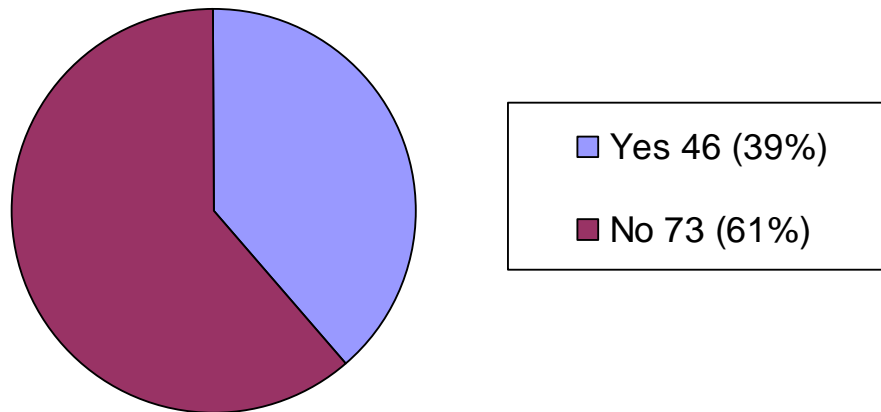
Question 11

If not part of a service-user network now, would you like to be?

- ☐ Yes 14 (16.5%)
- ☐ Not sure 24 (34.5%)
- ☐ No 42 (49%)
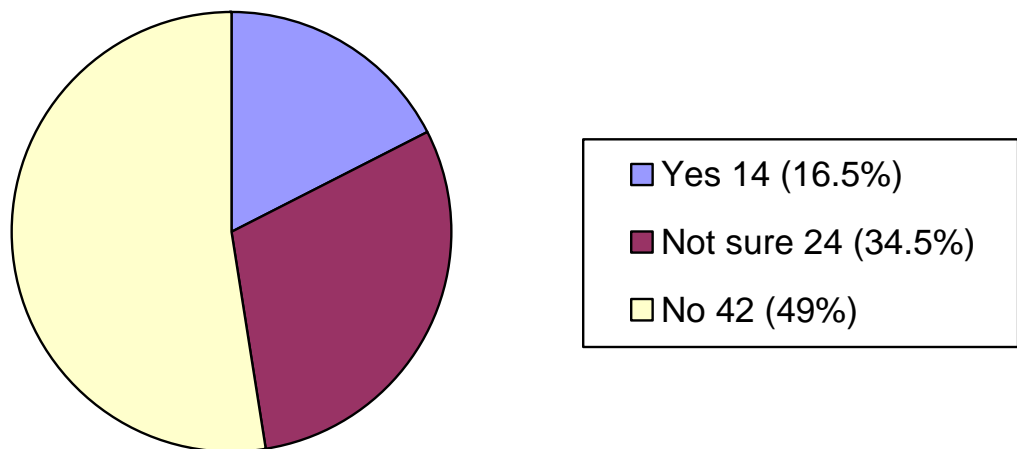
(NOTE: 80 people answered this question)

Question 12

Which of the following services have you used over the last year?

Primary Care Mental Health Teams	59
Early Signs of Psychosis (AESOP)	5
Crisis reduction and home treatment	33
Rehabilitation (rehab)	23
Community Mental Health Team	70
Psychological Therapies (IAPT)	18
Assertive Outreach	10
Local Authority Day Service	33
Community Group or Organisation	35

Question 13

What sort of setting do you live in?

Own home	79
NHS Acute Unit	2
NHS Rehab Unit	2
Supported Housing	36
Residential Home	5

Question 14

How well do you feel where you currently live suits your mental health needs?

Own home

Very well	Quite well	Not very well	Not at all well
34 (45%)	21 (28%)	11 (15%)	9 (12%)

NHS Acute Unit

Very well	Quite well	Not very well	Not at all well
0	2 (100%)	0	0

NHS Rehab Unit

Very well	Quite well	Not very well	Not at all well
1 (50%)	1 (50%)	0	0

Supported Housing

Very well	Quite well	Not very well	Not at all well
12 (33%)	11 (31%)	10 (28%)	3 (8%)

Residential Home

Very well	Quite well	Not very well	Not at all well
4 (80%)	1 (20%)	0	0

Question 15

My life would have been better if there had been….

Access to more activities	3
Additional support, to check/help	3
Earlier recognition of difficulties	4
Services that responded more quickly	7
Better listening	5
Less being fobbed off	2
A more caring approach	1
More consistent staffing	2
Fewer issues over funding/charging	2
Fewer issues around day services	4
More clarity over service changes	1
Support from someone actually interested	1
Fewer changes of GP	1
Better consultant support in hospital	1
Better management of medication	4
Correct diagnosis	2
Nothing – glad no longer need treatment	1
Nothing – appreciate staff support	6
Nothing – content with life	1
More suitable accommodation	10
Move to the mainland	3
Fewer issues with alcohol or drugs	3
Fewer relationship issues	2
Avoided certain actions	1
End of life	1
Better physical health	2
Better mental health	12

Other Information

Are you:

Female   60   Male   56   Not disclosed   10

What is the first part of your postcode, where you usually live?

PO30 (Newport)	19
PO31 (Cowes)	4
PO32 (East Cowes)	1
PO33 (Ryde)	44
PO34 (Seaview)	2
PO35 (Bembridge)	3
PO36 (Sandown)	18
PO37 (Shanklin)	6
PO38 (Ventnor)	10
PO39 (Totland Bay	1
PO40 (Freshwater)	10
PO41 (Yarmouth)	1

Do you have either of these diagnoses as well as a Mental Health condition?

Learning Disability	24
Drug or alcohol issues	14
Learning Disability plus Drug or alcohol issues	2

Which age-group are you in?

16 – 19	0
20 – 29	15
30 – 39	19
40 – 49	38
50 – 59	36
60 – 69	15
70 – 79	3
80 – 89	2
90 or over	0